

				CODE NUMBER <i>(For Board Use Only)</i>			
<b>IMPORTANT</b> — <i>Read instructions on reverse side before completing report.</i>				FOR MONTH OF	Page of Pages		
				Year			
NAME OF CARRIER				MAILING ADDRESS			
NAME OF SHIPPER ORIGIN (CITY AND STATE OR COUNTRY)	NAME OF CONSIGNEE AND CALIFORNIA CITY WHERE DELIVERY MADE	BOARD USE ONLY CODE NUMBER	R.R. CAR NUMBER OR NAME OF VESSEL OR TT IF BY MOTOR CARRIER	RAILROAD WAYBILL OR SHIP BILL OF LADING OR MOTOR CARRIER PRO NUMBER		NUMBER OF CASES OR BALES	SIZE OF CASE OR BALE
				DATE	NUMBER		
A	B	C	D	E	F	G	H
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
CERTIFIED CORRECT			TITLE				

INSTRUCTIONS FOR COMPILING  
STATE BOARD OF EQUALIZATION FORM BOE-1071

Prepare report in duplicate, retain copy and mail original to:

State Board of Equalization  
Excise Taxes Division  
P.O. Box 942879  
Sacramento, California 94279-0056

A report on this form must be filed on or before the 25th day of each month covering cigarette deliveries made during the preceding calendar month. A report must be filed each month whether or not any deliveries are made.

COLUMN

- A

Enter the complete name of shipper and the city and state or country in which the shipment originated.
- B

Enter the name of the consignee to whom delivery was made and the California city in which delivery was made.
- C

Do not write in this column — it is for Board use only.
- D

If the shipment entered California by railroad, the car initials and number in which shipment was contained must be shown.

If the shipment entered California by water, the voyage number and the name of the vessel in which the shipment was transported into California must be shown.

If the shipment entered California by motor carrier, the letters TT must be shown.
- E & F

If the shipment entered California by railroad, the waybill date and number must be shown.

If the shipment entered California by water, the steamship bill of lading date and number must be shown.

If the shipment entered California by motor carrier, the pro number (or freight bill number) and date must be shown.
- G

Show the total number of cases or bales of cigarettes contained in the shipment.
- H

List (in thousands, i.e., 3M, 5M, 6M, 10M, 12M) the number of cigarettes per case or bale.

**Certification:** The correctness of the report must be certified to by a representative of the carrier filing the report. Only 1 page of the report need be certified.